



Congress of the United States

House of Representatives

Washington, D.C. 20515

House Ways and Means Hearing On
"Caring for Aging Americans"
November 14, 2019

Witness:

Edo Banach, JD

The Centers for Medicare and Medicaid Services (CMS) recognized in 2015 that fall-related injuries are the most common cause of accidental death for older Americans, and that nursing home patients who fall are at risk of accidental death, fractures and other complications. Falls are not only harmful to patients – they also raise health care costs. In a 2015 final rule, CMS cited one study that found that it costs over \$23,000, on average, when a nursing home resident falls and sustains a major injury. As we consider policy today to care for our aging population, I believe it is critical to look more closely at the issue of fractures and falls.

As you may be aware, since 2006, CMS has reduced reimbursement for DXA, the "gold standard" test for assessing osteoporosis – leading to fewer women getting tested and receiving treatment to reduce their risk of a fracture. Another result of the current reimbursement structure has been a reduction in the number of providers who invest in DXA machines at all.

Questions for the Record to the witness:

How would you suggest CMS incentivize providers to invest in DXA in order to deliver the gold standard of care for Medicare beneficiaries?

In your opinion, how can CMS ensure that providers are successfully identifying and treating osteoporosis?

Would increased testing and diagnosis of osteoporosis, and appropriate treatment, reduce Medicare expenditures related to falls? What would the effect be on quality of life for our nation's seniors with undiagnosed osteoporosis?

Would improvements in DXA payments reduce the burden on nursing homes held accountable for avoiding major injuries to their residents? How?

A handwritten signature in blue ink, appearing to read "G. Holding".